

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State and Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Representing ☐ Self, Without a Lawyer OR ☐ Attorney for ☐ Petitioner or ☐ Respondent

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
Name of Petitioner/Plaintiff

CASE NO. \_\_\_\_\_

and

**REQUEST FOR RELEASE  
OF A PROTECTED ADDRESS**

\_\_\_\_\_  
Name of Respondent/Defendant

**I request the court to release the address of:**

Name of Person: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

**Information about the protected address:** (Check one box. One of these statements must be true, or this paperwork will not work for you. You may want to see a lawyer for help.)

- ☐ There is a court order that currently requires the address to be protected.  
☐ My case is a IV-D case. (This means that DES is involved.)

**I need the address of the person identified above for the following reasons:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_